

DO/ EO WORKSHEET

Paralegal/ National Stage Division

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| <input type="checkbox"/> Article 19 Amendments | <input type="checkbox"/> Request form PCT/RO/101 |
| <input type="checkbox"/> PCT/IPEA/409 IPER : <input type="checkbox"/> EP <input type="checkbox"/> JP <input type="checkbox"/> SE <input type="checkbox"/> AU <input type="checkbox"/> US <input type="checkbox"/> FR <input type="checkbox"/> CN <input type="checkbox"/> ES <input type="checkbox"/> RU <input type="checkbox"/> AT <input type="checkbox"/> KR <input type="checkbox"/> _____ <input type="checkbox"/> PCT/IPEA/409 IPER was NOT AVAILABLE at the time of paralegal review | <input type="checkbox"/> PCT/ISA/210 - Search Report : <input type="checkbox"/> EP <input type="checkbox"/> JP <input type="checkbox"/> SE <input type="checkbox"/> AU <input type="checkbox"/> US <input type="checkbox"/> FR <input type="checkbox"/> CN <input type="checkbox"/> ES <input type="checkbox"/> RU <input type="checkbox"/> AT <input type="checkbox"/> KR <input type="checkbox"/> OTHER _____ <input type="checkbox"/> NONE |
| <input type="checkbox"/> Annexes to 409 | <input type="checkbox"/> Search Report References |
| <input checked="" type="checkbox"/> Priority Document (s) No. <u>2</u> | <input type="checkbox"/> Other : _____ |

RECEIPTS FROM THE APPLICANT (*other than checked above*) :

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| <input checked="" type="checkbox"/> Basic National Fee (<i>or authorization to charge</i>) | <input checked="" type="checkbox"/> Preliminary Amendment(s) Filed on : 1. _____ 2. _____ 3. _____ |
| <input checked="" type="checkbox"/> Description <input checked="" type="checkbox"/> Claims <input checked="" type="checkbox"/> Abstract | <input checked="" type="checkbox"/> Information Disclosure Statement(s) Filed on : 1. _____ 2. _____ 3. _____ |
| <input type="checkbox"/> Drawing Figure(s) - (# of drwgs. _____) | <input checked="" type="checkbox"/> Assignment Document (forwarded to Assignment Branch) 1. _____ |
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| <input type="checkbox"/> Application Data Sheet | <input type="checkbox"/> Verified Small Status Statement 1. _____ |
| <input checked="" type="checkbox"/> Power of Attorney/ Change of Address | <input checked="" type="checkbox"/> Oath/ Declaration (executed) <input type="checkbox"/> unsigned <input type="checkbox"/> no citizenship |
| | <input type="checkbox"/> DNA Diskette <input type="checkbox"/> Sequence Listing |
| | <input type="checkbox"/> Other : _____ |

NOTES : ☐ I.A. used as Specification ☐ Other :

35 U.S.C. 371 - Receipt of Request (PTO-1390)

Date Acceptable Oath/ Declaration Received

Date of Completion of requirements under 35 U.S.C. 371

Date of Completion of ALL requirements

Date of Completion of DO/ EO 903 - Notification of Acceptance

Date of Completion of DO/ EO 905 - Notification of Missing Requirements

Date of Completion of DO/ EO 909 - Notification of Abandonment

Date of Completion of DO/ EO 916 - Notification of Defective Response

Date of Completion of DO/ EO 922 - Notification to Comply w/ Requirements for Patent
Applications Containing Nucleotide and/or Amino Acid Sequence Disclosures

Date of Completion of DO/ EO 923

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